



Harvard Pilgrim
HealthCare



Commonwealth of Massachusetts
Group Insurance Commission

Harvard Pilgrim Independence Plansm
Prescription Drug Brochure
For Group Insurance Commission Members

Three-Tier

This brochure is a legal document that explains the prescription drug benefits provided by the Group Insurance Commission (GIC) to their members on a self-insured basis. Harvard Pilgrim Health Care, Inc. has arranged for the availability of a network of pharmacy providers and will be performing various benefit and claim administration services on behalf of the GIC.

Prescription Drug Coverage

Prescription medications can play an important role in keeping you healthy. Your coverage includes a prescription drug benefit to help make paying for these medications more affordable. Your benefit covers most outpatient prescription drugs and some non-prescription drugs and medical supplies.

In this brochure, you'll find information about:

- The Plan's three-tier prescription drug benefit
- Copayments
- Covered and non-covered drugs
- Where to buy your prescriptions
- The Mail Service Prescription Drug Program
- Drug coverage policies

You will find words in this brochure that have special meanings. When we use one of those words, we start it with a capital letter. Capitalized terms that are not defined in this brochure are defined in the Glossary of your *Benefit Handbook*.

THREE-TIER PRESCRIPTION DRUG BENEFIT

The Plan's prescription drug benefit places all covered drugs into one of three levels or "tiers." Each tier has its own Copayment amount, which is listed in this brochure and on your Member identification (ID) card. The three tiers are listed below.

Tier 1:

Tier 1 is primarily made up of generic drugs. Tier 1 may also include brand-name drugs that the Plan has determined to be more effective, less costly or to have fewer side effects than similar medications. You pay the lowest Copayment amount for Tier 1 drugs.

The Tier 1 Copayment is: \$10

Tier 2:

Tier 2 is primarily made up of brand-name drugs for which generic equivalents are not available. These drugs have been selected based on review of the relative safety, effectiveness and cost of the many brand name drugs on the market. Tier 2 may also include generic drugs that the Plan has determined to be more costly than their brand name equivalents. The Copayment amount for Tier 2 drugs is higher than the Copayment amount for Tier 1 drugs, but lower than for Tier 3 drugs.

The Tier 2 Copayment is: \$20

Tier 3:

Tier 3 is made up of drugs that the Plan has not included in Tier 1 or Tier 2. You pay the highest Copayment amount for Tier 3 drugs.

The Tier 3 Copayment is: \$40

Getting a Copy of the Drug List

You can get a copy of the Plan's Three-Tier Prescription Drug List by calling the Member Services Department at **1-888-333-4742**. The list is also available online at **www.harvardpilgrim.org**. *Click **Pharmacy Program**.*

Mail Service Prescription Drug Program

The Plan provides a Mail Service Prescription Drug Program if you prefer the convenience and savings of receiving prescriptions for maintenance medications through the mail. You may purchase up to a 90-day supply of maintenance medications through the Mail Service Prescription Drug Program. In addition to saving a trip to the pharmacy, your plan provides lower Copayments for drugs purchased through the Plan's Mail Service program.

Although most maintenance medications are available from the Mail Service Program, the Plan may exclude drugs from the program for clinical reasons or to prevent potential waste. Drugs included in the Specialty Pharmacy Program, discussed below, are not available through the Mail Service Program.

Please see your Member ID card, as well as this brochure, for your Mail Service Prescription Drug Copayments. The Mail Service Prescription Drug Copayments listed in this brochure and on your Member ID card apply only to the Plan's Mail Service Prescription Drug Program.

For more information about the Plan's Mail Service Prescription Drug Program, please call **1-877-347-3216 (TTY 1-877-517-9301)**.

Your Mail Service Prescription Drug Copayments are:

Tier 1 drug Copayment: \$20

Tier 2 drug Copayment: \$40

Tier 3 drug Copayment: \$90

MEMBER COST

You are required to pay part of the cost of the prescription drug benefits provided under the Plan through Copayments. The specific Copayment amounts that apply to your Plan are listed on your Member ID card as well as in this brochure.

Discount Rate

In this brochure, we refer to the term “Discount Rate.” The Discount Rate is a discount price for prescription drugs that the Plan has negotiated with participating pharmacies. The Discount Rate is the basis for calculating the Member Cost sharing under the Plan.

Note: The Discount Rate may be modified as market conditions change.

How the Discount Rate Benefits Members

The Discount Rate is usually lower than the retail price pharmacies charge for drugs. If a participating pharmacy’s retail price is less than the Discount Rate, your Member Cost is always based on the lower amount.

Note: The Plan’s cost for covered drugs is generally lower than the Discount Rate.

Copayments

Copayments are fixed dollar amounts you must pay for covered medications. Copayments are paid to the pharmacy at the time of purchase. Different Copayment amounts apply to the three drug tiers. Your Copayments are listed on your Member ID card as well as in this brochure.

What You Pay

Copayments are calculated in two ways, depending on whether you use a participating or non-participating pharmacy:

Participating Pharmacy	Non-Participating Pharmacy
If you buy your prescriptions at a participating pharmacy, you pay the lower of the Copayment, the Discount Rate, or the pharmacy’s retail price.	If you buy your prescriptions at a non-participating pharmacy, the Discount Rate does not apply. You pay the lower of the Copayment or the pharmacy’s retail price.

Please see “Buying Prescriptions” on page 5 for more information on participating and non-participating pharmacies.

What the Copayment Covers

Each Copayment covers up to a 30-day supply for each prescription or refill, except where limited by the Plan. If your physician prescribes less than a 30-day supply of a medication, each Copayment covers the amount prescribed. The Plan may limit the quantity of a drug available per 30-day period or per Copayment.

WHAT IS COVERED

Your prescription drug benefit covers all Medically Necessary drugs that by law require a prescription, except drugs the Plan excludes or limits. Your benefit also covers certain non-prescription items listed below. All covered drugs are subject to the applicable Member Cost amounts. Please check your Member ID card, as well as this brochure, for the Member Cost amounts that apply to your drug coverage.

Your Plan covers the following prescription and non-prescription items:

Covered Prescription Drugs	Covered Non-Prescription Items
<ul style="list-style-type: none"> ▪ FDA approved prescription drugs prescribed by a physician ▪ Needles and syringes needed to administer covered drugs ▪ FDA approved contraceptive drugs and devices ▪ FDA approved hormone replacement therapy (HRT) ▪ Off-label uses of FDA approved drugs, including drugs for the treatment of cancer and HIV/AIDS ▪ Compounded prescriptions, as long as one or more agents within the compound is FDA approved and requires a prescription 	<ul style="list-style-type: none"> ▪ Insulin ▪ Oral agents for controlling blood sugar ▪ Lancets ▪ Blood glucose testing strips ▪ Urine diabetic testing strips ▪ Ketone diabetic testing strips

Buying Prescriptions

Participating Pharmacies

You should fill prescriptions at a Plan participating pharmacy whenever possible. If you use a participating pharmacy, you only have to show your Member ID card and pay the applicable Member Cost amounts. If you do not use a participating pharmacy, you must pay the retail price for the medication and submit a claim for reimbursement.

There are over 45,000 Plan participating pharmacies in the United States, including:

- Brooks Pharmacy
- CVS/pharmacy
- Eckerd
- Kmart Pharmacy
- Rite Aid
- Star Market
- Stop & Shop
- Walgreens
- Walmart
- Independent drug stores

You can get more information on participating pharmacies by calling our Member Services Department at **1-888-333-4742**. You may also search for participating pharmacies in any area of the country on our website at **www.harvardpilgrim.org**. *Click Pharmacy Program.*

The Specialty Pharmacy Program

The Plan has designated pharmacies that you must use to obtain certain specialty medications. These include drugs for the treatment of infertility, hepatitis C, osteoarthritis, multiple sclerosis, rheumatoid arthritis and certain hereditary diseases. A list of the drugs that must be purchased from the specialty pharmacies may be obtained on our website at **www.harvardpilgrim.org** (*click Pharmacy Program*, then *click* either **Infertility Pharmacy Program** or **Specialty Pharmacy Program**). This information may also be obtained by calling our Member Services Department at **1-888-333-4742**.

The Plan's specialty pharmacies have expertise in the dispensing and delivery of the drugs they provide. They maintain these medications in stock at all times and can deliver them by overnight mail with the medical supplies necessary for their use. In an emergency, same day delivery can also be provided. The specialty pharmacies will give you instruction in the administration of the drugs they provide. Additional drugs may be added to the specialty pharmacy program from time to time.

Member Cost at the specialty pharmacies is the same as at other participating pharmacies. The specialty pharmacies are **not** part of the Plan's Mail Service Prescription Drug Program, to which different Copayments apply.

Non-Participating Pharmacies

If you fill a prescription for a covered drug at a non-participating pharmacy, you must pay the retail price for the drug, then submit a claim for reimbursement from the Plan. The reimbursement procedures for pharmacy items are explained in your *Benefit Handbook*. Reimbursement for drugs purchased at non-participating pharmacies will be paid minus the Copayment.

WHAT IS NOT COVERED OR HAS LIMITED COVERAGE

There are a number of prescription drugs that are either not covered by the Plan or have limited coverage. The Plan covers only drugs that are Medically Necessary for preventive care or for treating illness, injury, or pregnancy. (Drugs that are not covered include, but are not limited to, drugs primarily used for cosmetic purposes or for weight loss.)

The Plan also limits the coverage of specific drugs for reasons of cost and to assure their safe and effective use. Limitations may be placed on either the quantity of a drug covered or the medical conditions for which a covered drug may be prescribed.

Drugs that are excluded, limited, or require prior authorization are listed in the Plan's Three-Tier Prescription Drug List. You may request a copy of that list by calling the Member Services Department at **1-888-333-4742** or view it online at **www.harvardpilgrim.org**. *Click Pharmacy Program.*

Non-Covered or Limited Coverage Prescription Drugs

The Plan does not cover the following:

- Drugs that are not Medically Necessary for preventive care or for treating illness, injury or pregnancy.
- Drugs that the Plan specifically excludes, including, but not limited to, drugs primarily used for cosmetic purposes and weight loss.
- Drugs in excess of the Plan's coverage limitations. (Limitations may be placed on either the quantity of a drug covered or the medical conditions for which a drug may be prescribed.)
- Non-prescription items, other than those specifically listed above.
- Drugs that have not been approved by the FDA.
- Drugs prescribed as part of a course of treatment that the Plan does not cover.
- Drugs that must be administered by a health care professional. (Such drugs may be covered through the provider but may not be purchased by a Member under the pharmacy benefit.)
- Drugs that must be obtained through The Specialty Pharmacy Program if not purchased from one of the program's specially designated pharmacies. The Specialty Pharmacy Program is described on page 5.
- Any sales tax or governmental assessment on pharmacy items.

Exception Policy

The Plan will not grant individual exceptions to waive or reduce the Copayments for a particular drug. However, medical providers may submit a request to the Plan to review or reconsider whether to cover a drug in individual cases. Medical providers may request an exception on your behalf for coverage of any drug that is excluded or limited. Exceptions may be granted only for clinical reasons.

ABOUT YOUR DRUG BENEFIT

Pharmacy and Therapeutics Committee

The Plan's Pharmacy and Therapeutics Committee is an advisory group that makes recommendations for the placement of drugs in the different Tiers, as well as setting exclusions and limitations on drug coverage. The Committee is made up of physicians and pharmacists, who are advised by physician consultants from a large number of medical specialties.

Prescription Drug Tier Changes

The Plan regularly reviews and updates the Three-Tier drug list as new drugs or drug information becomes available. As a result, the tier placement of covered drugs may change at any time. You can get an updated Three-Tier Drug List by calling the Member Services Department at **1-888-333-4742** or view it online at **www.harvardpilgrim.org**. Click **Pharmacy Program**.



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